

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016398

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 100

FILED MAY 7 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>		c. CITY OR TOWN <u>Macon</u>	
Length of stay in 1b <u>14 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>578 Ruby St</u>	
3. NAME OF DECEASED (Type or print) <u>WILLIE MAE HOWELL</u>		4. DATE OF DEATH Month <u>April</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/20/1893</u>
9. AGE (last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker & Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Worker & Cook</u>	
13a. FATHER'S NAME <u>Willie Anderson Sumpter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Clifton</u>	
14. NAME OF HUSBAND OR WIFE <u>Ben C Howell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs Wayne Lindley, Moberly Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute myocarditis</u>		<u>12 days +</u>	
DUE TO (c) <u>Arteriosclerotic heart disease</u>		<u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:42</u> a.m. <u>P.</u> Month, Day, Year <u>4-10-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Woodville Cemetery</u>	20f. CITY, TOWN, OR LOCATION <u>Woodville Mo</u>		
21. I attended the deceased from <u>4-10-62</u> to <u>4-22-62</u> and last saw her alive on <u>4-22-62</u>		22. ADDRESS <u>203 1/2 N. Clark, Moberly, Mo</u>	
22a. SIGNATURE <u>Benj. S. Jolly DO.</u>		22c. DATE SIGNED <u>4-23-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 24, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodville Cemetery</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home, Moberly Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-30-62</u>	26. REGISTRAR'S SIGNATURE <u>Leah L. Lowe</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No: _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry R. Carter

Licensed Embalmer No. *4906*

P. O. Address

Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.